Happy Easter

The MEDICAL MISSIONARY

Madonna of The Easter Lillies

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Vol. I. APRIL, 1928 No. 7

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

Foundation and Approbation: The Society of Catholic Medical Missionaries was founded in September, 1925, in Washington, D. C., with the approval of His Grace, Most Reverend Michael J. Curley, D.D., Archbishop of Baltimore.

Purpose and Field: The purpose of this Society is to render medical aid, no disease or condition being excepted, to Christians and non-Christians in the officially recognized foreign Mission countries of the world.

Nature of Work: The vocation of a *Medical Missionary* is a combination of spiritual and corporal works of mercy. Having access by means of her profession, as Doctor or Nurse, to many with whom no other Missionaries can come in contact, she is afforded numerous opportunities to instruct the sick and their relatives in our Holy Religion, assist the dying, and to baptize infants in danger of death. By her charitable ministrations, she wins the love and confidence of the people and is thus enabled to break down prejudice and superstition, and prepare the way for their reception of the truth.

Scope of Work: The scope of the Medical work includes the provision and equipment of mission hospitals and dispensaries, medical schools, training schools for native nurses, infant welfare centers, plague camps, leper asylums and caravan dispensaries, which bring medical aid from village to village, also obstetrical work and visiting the sick in their homes which are of primary necessity in mission countries.

Nature of the Society: The members of the Society live in community, in the spirit of the evangelical counsels. After one year of probation, which is devoted to spiritual and missionary training, the candidates solemnly promise to keep the Constitutions and they pledge themselves, by oath, to remain in the Society for three years, to go without delay to any region or place whither they are sent by the Superior of the Society and to accept any employment assigned to them.

The Solemn Promise and Oath are renewed after three years for another period of three years, after which they are taken for life.

As members receive no salary, the Society makes provision for their maintenance in the same manner as other religious communities.

First Hospital: The first hospital opened by the Society of Catholic Medical Missionaries is located in the native city of Rawalpindi, Punjab, India, in the Mill-Hill Prefecture Apostolic of Kashmir and Kafristan, where the Mohammedan and high caste Hindu women are still strictly secluded and can only avail themselves of medical aid by women. Three of the pioneers of the Society are in charge of this Hospital, which was dedicated on December 14, 1927.

We will be pleased to hear from any women doctors or nurses who are interested in Medical Mission work and who would be willing to devote their lives and profession to this missionary work.

As the Medical Apostolate in Foreign Mission countries entails many-sided activities, there is full scope for every talent. Non-medical Members can contribute to it greatly by social service, secretarial work, journalism, housekeeping, etc. Address:

DR. ANNA DENGEL,
Society of Catholic Medical Missionaries,
Bunker Hill Road and 16th Street N. E.,
Brookland, Washington, D. C.

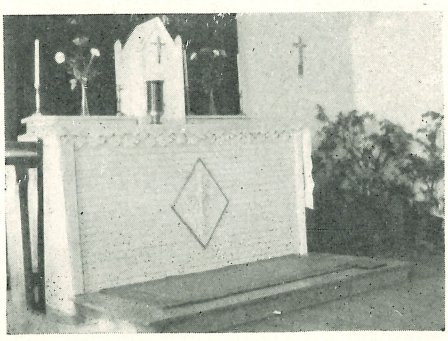
MEDICAL MISSIONARIES NEEDED. WHY?

Our hospital in India has only a staff of one doctor and two nurses. In a year or two more will be needed.

In addition we are asked to start two hospitals in India and to undertake one already built in Africa. To accept or to refuse does not depend on us, but on young women offering or not offering themselves to the work.

IS IT EASY TO BE A MEDICAL MISSIONARY?

Honesty is the best policy. The answer is: *No.* It is a life of responsibility, hard work and many privations. The spread of the Faith and the relief of suffering demand sacrifices. Is our luxury loving age willing to make them? Who could venture to say that women have lost for the first time in history that spirit of self-sacrifice and unselfish service for God, home and country, which is part of their nature? Their participation in the present-day problems of the world prove, that if they have not more of that spirit of heroism than previous generations, they have at least more opportunities to show it and to utilize it. There is every reason to hope that women will give themselves to the Missions calling out for them more and more. It may interest our readers that of the 40,000 native and foreign women missionaries of the world, who, with few exceptions, are all nuns, up to the present, less than 1 percent come from America.



CHAPEL IN THE CATHOLIC MEDICAL MISSION HOUSE, BROOKLAND, D. C.

The MEDICAL MISSIONARY

Published with ecclesiastical approbation monthly (except June and July) by the Society of Catholic Medical Missionaries, Inc., Brookland, Washington, D. C., in the interest of Medical Missions and Women of the Orient. Editor: Dr. Anna Dengel

EDITORIALS

IS IT WORTH WHILE?

FOUR decades ago, no missionary had set foot in the valley of Kashmir. Thirty-five years ago Monsignor Winkley, who built our hospital, said the first Mass in that earthly paradise of Asia. Some sixteen years ago, a young missionary was assigned a lonely Mission Station there, with not even one Catholic to answer or attend his daily Mass. For twelve years he labored alone; taught school, planted fruit trees with the purpose of providing a future income and learned the language thoroughly. In twelve years he baptized two people, one was a cretin, the other a dying man. After twelve years he invited the Franciscan Missionaries of Mary to help him in his labors. They went into villages with medicines and good advice, ventured to the bedside of the cholera-stricken and soon the people flocked to them with full trust and confidence. Thus a dispensary originated spontaneously. Daily many were helped and relieved of pain and 500 dying children baptized the first year. The second year the patients increased and the baptisms numbered over a thousand. Women coming in contact with women made a great difference. The babies are where the women are. Slowly orphans also knocked at the door, so that after two or three years quite a family had gathered. A new church was built and Easter ceremonies as I witnessed them four years ago could not be more impressive in any Cathedral. Even the washing of the feet was observed as there were enough orphan boys to represent the Apostles.

Young poplar trees in their spring garb, so delicate and fresh, and blossoms of the purest white provided a most joy inspiring decoration for the little Church on Easter Sunday. The organ play was that of an artist. How many things a woman can contribute to make the Church visible and palpable to people in Mission Countries!

Two different pictures: Forty years ago, no trace of Christianity, today the Holy Sacrifice offered every day; the Blessed Sacrament exposed several hours every afternoon; a high school for boys conducted on Christian principles; a dispensary open for all, without distinction; seventeen little orphans sheltered and fed and brought up as Catholics, all this brought about in less than forty years. It is the result of God's blessing on missionaries who labored and persevered against odds in an apparently hopeless country.

It makes a difference to some place in the world whether a young man or a young woman offers his or her life to the Missions or not, whether the missionaries are provided wherewith to live and to give. It is like an ordinary field. If there is no laborer to plough it, no seed to put in, no trouble taken about it, it will not change from year to year, it lies there idle. What else can be expected?

The many flourishing Missions in the world bear testimony to the fact that sacrifice and labor bring results and that they are very much worth while.

IN MEMORIAM

Our Society lost a good friend in Mrs. Teresa Molamphy, who died March 9th in St. Francis Hospital, Pittsburgh, Pa. As President of the N. C. C. W. in Pittsburgh, she availed herself of many wonderful opportunities to further good causes at home and even in distant parts of the world.

Three years ago when the writer, provided with a letter of introduction from Miss Agnes Regan, Executive Secretary of the N. C. C. W., met her for the first time, Mrs. Molamphy succeeded in an astonishingly short time in gathering an audience for a talk on Medical Missions and the women of the Orient. From that time on her sympathy extended to the women of India. To widen the circle of friends, she inserted articles about them every now and then in the Pittsburgh N. C. C. W. Bulletin and on her visits to Washington always reserved half a day of her precious time for our Society. In October, 1925, Mrs. Molamphy and her companion delegates to the National Convention of the N. C. C. W. spent an evening with us. Our Society was then only a few weeks old and we had hardly enough chairs for half a dozen guests and had to borrow plates for this, "our first" dinner party. Mrs. Molamphy quickly took in the situation, and as an after dinner speech, proposed to her friends a little organization to help us. The proposal met with approval. Officers were elected on the spot with Mrs. Molamphy as President. She then suggested prayer in the chapel; she herself recited the Litany of Loretto aloud. Thus Medical Mission Unit No. 1 was born. Mrs. Molamphy has now gone to her reward. One jewel in her crown is, no doubt, her sympathy for the women of India and her help to us in our first struggles.

R. I. P.

RAWALPINDI

By Dr. Anna Dengel

IT MAY interest our readers to know something of the city where our hospital is situated and of its inhabitants whom it is intended to serve.

As an interesting preliminary let me state that the 320 millions of people of India live in about 700,000 villages and in a number of cities, only 30 of which have a population of over 100,000. Rawalpindi is one of the 30, with a population of about 100,000. It is situated in an alluvial plain in the northern part of the Punjab.

The climate is considered healthy. December and January are decidedly cold. October, November, February, March and April are pleasantly warm. May, June, July, August and September are unpleasantly warm, the temperature rising to over 110° F. Most civilian Europeans and the Army move to the neighboring hill station of Murree in the middle of April and remain there until the middle of October, thus escaping the exhausting heat of the plains. Rawalpindi is often called the Aldershot of India, having the biggest military station and consequently an unusually large population of white people.

RAILWAY STATION, RAWALPINDI

Like many other Indian cities it is divided into two parts, the Cantonments and the Native City. The Cantonments have about 40,000 inhabitants, including several regiments of soldiers, English and native, and European civilians and a great number of Indians, who live in so-called bazaars where they carry on their various trades and occupations. In the residential part of the Cantonments there are good roads, fine bungalows for Army officers and well-to-do Indians, a large Club House, several large shops, where one can buy most ordinary and even some extraordinary things, if one has the money.

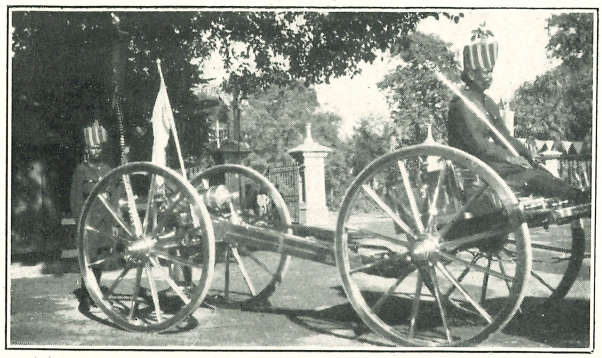
There are Churches, of many denominations: A fine Scotch Kirk, whose padre wears kilts; a Spread of the Gospel Church with a little hospital attached; a Church of England whose padre takes precedence over the other Army padres; a Methodist Church with a school if I recall correctly, and even other Churches.

The Roman Catholic Church is a very fine building near one of the native bazaars. The Rector's house is beside it. The Prefect Apostolic, the parish priest and his assistant reside there.

All around the Church compound (grounds) there are rows of mud huts. These are inhabited by native Catholics, the Catechist, the Sacristan and poor people who cannot afford to rent a house elsewhere. These huts have one room, and contain string-beds and blankets, a few cooking pots and maybe a chair, that is all. During the day the people are hardly ever in them. To one side of the Church is a Presentation Convent; all the nuns are Irish. They are cloistered, but are allowed to travel to Branch Convents. They have a school for Europeans and Anglo-Indians and by law are obliged to take 15 percent of Indians. When visiting them, one can easily, with a little imagination, transplant oneself to the fair Isle of Erin. Their brogue, their hospitality and cheerfulness are the same as of the Irish nuns at home.

On the other side of the Church is the Convent of the Franciscan Missionaries of Mary. There, French is the language of the house. As I lived there for three and one-half years, it is of course more familiar to me, and I may say, dearer to me than any other. In this little Convent the Blessed Sacrament is exposed daily for about three hours.

Opposite the Convent is St. Catherine's Zenana Hospital for women and children, founded in 1909 by Dr. Agnes MacLaren. Beyond the hospital is a small native bazaar where Hindus, Mahommedans and Sikhs live side by side, all keeping very much to themselves.



A FAMILIAR SIGHT IN THE MILITARY QUARTERS OF RAWALPINDI

On the outskirts of the Cantonments are rows and rows of barracks, also a military hospital for Europeans and one for native soldiers. There is a large picture house, a race course and several private tennis courts; a well built railway station and a fine hotel; for the natives there is a Dharmsala, a guest house where they can lodge free of charge provided they bring their own bedding.

Tongas (carriages) are at one's disposal on a few minutes' notice, and as Rawalpindi is the starting point for Kashmir, motor cars of any make may be had to transport one over one of the highest mountain roads of the world across several Himalaya ranges into the valley of Kashmir. You may also telephone, wire, send a letter to any part of the world and cash checks from anywhere. A fine daily paper is delivered to your door, if you so desire. There is filtered water to be had at public taps, only short distances apart and drinking troughs for animals here and there. Recently electricity has been installed. Modern plumbing does not exist. The Municipality sees to law and order and enforces certain public health measures. A native sanitary inspector is sent around to see if there are pools of stagnant water to favor the breeding of malarial parasites, to inspect the sewerage disposal and to make sure that the servants' quarters have at least one opening for the inlet of air. Along with all these public services rendered the tax system is also well-developed!

The native city, although only about two miles distant, is a different world altogether. It is near and yet *so* far, that hardly any Europeans ever go there and none live there. There are about 60,000 inhabitants—sturdy Mohammedans —gentle Hindus—bearded Sikhs and life-sparing Jains, some Protestants and about 200 native Catholics. The latter all belong to the outcaste class. Of this interesting mixture of people whose men folk mingle in business, but whose social and private lives are very much restricted to the circle of their family or caste, some are actually wealthy, a good many can manage very well according to their simple standards of living and very many are poor; they have to make ends meet on about 5 cents a day. Wealthy Mohammedan gentlemen with their one or more wives and opulent Hindu merchants live in houses several stories high, spacious and made of brick, whilst the average mortal's home is a flat-roofed mud structure with four, three, two or one room, surrounded by a little enwalled courtyard.

There is one main road leading to the big bazaar, which in the middle of the day is as crowded with men as is 42nd Street in New York at noon. There is however no traffic policeman to regulate the "come" and "go" of men, vehicles, and sacred cows. All along, there are shops of second-hand clothing, baskets of all sizes and shapes, handware, and, as a matter of fact, *all* ware. At the corner stands a man selling delicately strung jasmine garlands, which devoted husbands bring home to their wives, and farther on in the bazaar are the little box-like shops where Indian-made shoes, flat heeled and gracefully turned up at the toe, rugs, silks, velvets, cottons, brassware, pottery, string beds and quilts, mirrors, books, native drugs, *including* opium are sold. Jewels and sweetmeats are made before the public gaze. The tonsorial parlors are in the open. Although there is some hustle and bustle, the Eastern calm and repose are always evident. The merchants are very good-natured and most anxious to sell. They are shrewd but obliging, and go to endless trouble to display their wares. Bargaining is essential and expected. Their prices are always higher to white people than to the native.

The food market fortunately is separate. Only such things as natives use are found there. These, however, include all the essentials, such as flour, sugar, vegetables, fruit. Meat is also sold. Flies are so numerous during certain seasons that the food is almost hidden by them. Rats, which harbor the plague-spreading flea, are also common, finding plenty of food. Vegetables and other matter are thrown about carelessly all over, which favors the breeding of flies.

The lanes in the city are very narrow and a stranger cannot find his way in the labyrinth of a native city unless he knows the language well. Knowing the language and having some definite business, such as a professional call, there is no reason to be afraid to go to any house or quarter, at least I feel so about it. I met Europeans who would not venture to go to the native city; I think it was because they neither knew the language nor the people.

Mohammedans, Hindus, Sikhs, all have their places of worship. The Mosque in its whiteness makes a fine contrast to the mud structures on all sides. Visitors are allowed to enter any time, provided they take their shoes off. At any hour of the day, one finds devout Sons of Allah there, saying their prayers with studied attention to the prescribed postures and ablution, for without them prayer is not meritorious. The Hindu temples are not so accessible. The Jains have a monastery for nuns, who are all widows. They live in community and make it a matter of re-

(Continued on page 7)

ABOUT TROPICAL SANITATION

THE following extracts from the annual report of the Governor General of the Philippine Islands—1926, will be of interest to those who are concerned about sanitary improvements in Mission countries, the conditions of most of which are similar, but to a worse degree:

While public health conditions have steadily improved during recent years and the Islands have been kept practically free from the quarantinable diseases, the problem of improving public health conditions remains one of the most difficult tasks which confronts the government of the Philippine Islands. The difficulties of the problem will be better understood when it is remembered that we have 12,000,000 people scattered among the several thousand islands of the Archipelago; that they speak 87 different dialects; that the means of communication are limited and funds still more so; that there are few doctors and few nurses; that there are large areas without drug stores, and only such medicines can be secured as are distributed through the schools and the Philippine Health Service. The fact must also be borne in mind that the people for generations have lived under conditions of indifference toward sanitary matters and they are still uninformed on this all-important subject.

Anti-Leprosy Work: "The results being attained in the treatment of lepers continue to be most encouraging. During the year 114 more lepers were given their final discharge as cured and 219 who had become negative were paroled, 217 others became negative and are awaiting parole. In the Culion Leper Colony there are 5,200 lepers.

"The Culion Medical Board and the Philippine Islands Leprosy Research Board have worked out a plan for the management of leprosy which, when it can be put into practice in all its details, will within about 15 years, it is believed, make leprosy as rare here as it is in the United States. Before a treatment for leprosy had been developed the only thing possible in the way of controlling this most horrible of all diseases was to remove and segregate all lepers who could be discovered. When the Culion Colony was established its primary purpose was the protection of healthy people by segregating the lepers. The welfare of the lepers was secondary; the only thing that could be done for them was to let them live—and die—in as much comfort as possible among people of their own kind. The Culion Colony has served this purpose well. It has, furthermore, given opportunity to a group of devoted physicians to study the disease more intimately and to investigate and apply new methods of treatment. The result is that we now believe a great majority of lepers who come under treatment early in their disease can be made well. Therefore, the new plan has as its fundamental idea the identification, segregation and treatment of early cases. Segregation in Culion has always been opposed by the ignorant people and fear of removal to Culion has led to lepers being hidden by their friends until the curable stage had long passed. This was unavoidable when there was no cure, but now with the possibility of recovery there is every reason for lepers to come in voluntarily and seek treatment as early as their disease can be diagnosed. Local detention and treatment stations will be established in several parts of the Islands. These will not be so remote as to make impossible frequent visits by relatives and friends. Connected with these local stations will be skin clinics and dispensaries where early diagnosis can be made. When local treatment stations have been established in sufficient number and are in full operation, it will not be necessary to transfer to Culion those in the early stages of the disease who are doing well under the treatment given them at these stations. Obviously, Culion will not be made any less necessary by this plan for many years. All incurable and far advanced cases should go there for they can be happier among people afflicted as they are. In Culion they can live practically normal lives in a leper municipality * * *."

"*Typhoid Fever* in Manila is undergoing each year a gratifying reduction."

"*Malaria* is the most disabling disease in the Philippine Islands. It does not kill its numerous victims quickly but incapacitates them for work. A large percentage of children in the schools of malarious districts are lowered in their power of application and grow up to be dull and ignorant people. With the facts now at hand it seems possible to control malaria or to reduce its prevalence greatly through destroying the malaria carrying mosquitoes in their larval stages. For the year 1927, a fund of 100,000 pesos was made available to continue demonstration work throughout the Islands. This fund will be expended chiefly for instruction and supervision; the localities benefited will furnish labor and material. It is reported that during the year there were 20,640 deaths from malaria. This number is, of course, far beyond the actual number of people who died of malaria. Deaths from other febrile conditions are called malaria due to lack of knowledge and of diagnostic methods. In many parts of the Islands there is extensive territory without a drug store or other place where the people may purchase quinine. For this reason a revolving fund was created for the purchase of quinine to be sold to the people at cost through the school teachers."

"*Beriberi* continues to be one of the serious diseases of the Philippine Islands. Like tuberculosis, it depends upon the poverty and results from the ignorance of the people. Incomplete figures give 15,483 deaths from this disease.

"The campaign for the eradication of yaws is continuing, 14,752 cases being treated."

(*Continued on page 7*)

RAWALPINDI

(*Continued from page 5*)

ligion to assiduously protect all animal life; wearing cloths in front of their mouths, so as not to inhale living things. They never make use of fire so as not to burn living things, always carry a mop so as to be able to brush away living things before sitting anywhere, never use a conveyance, so as to minimize the possibility of crushing living things. They live entirely on alms and give away anything left over in the evening so as to depend entirely on God's Providence for the next day. They teach their religion to girls of their own sex.

Rawalpindi has also its quota of the five million holy beggars whom India supports cheerfully. Blind and crippled are also not a rare sight. Of women one sees a few outcastes who sweep the streets or carry dried cow dung cakes in baskets on their heads, now and then a Hindu woman draped in a sari, or a Mohammedan lady, all hidden in a *burka*. As a matter of fact, the fewness of women *visible* in the native city is a striking feature.

Doctors and doctors' shops abound. There is also a civil hospital. There are several buildings to accommodate men, but only one for women; the latter has only 16 beds, if I remember correctly.

There is also a leper asylum in the outskirts; when I saw it last, it was a place of refuge, not treatment. There is also an Arya Samaj hospital. A park and public play ground are a great boon for boys. There are several schools for boys, also one for girls.

The Presbyterian Mission from America has a very fine college for boys. I was once invited to a commencement. The orations, declamations and debates delivered on the occasion by the students would do honor to any American College. To my knowledge this is the only Missionary institution in the city; it is situated at the entrance.

The city has a Public Health Officer. His work is like climbing Mt. Everest; however, some time or other his successors will get there. In order to obtain results, the cooperation of the people is needed. This can only come through education. Infant welfare work is also attempted. Plague and typhoid occur every year. Malaria is probably on the whole, the most disabling disease. Tuberculosis is common.

To the casual visitor the native city looks untidy, dilapidated, unhygienic and archaic. It is no use judging it according to our standards. It is simply a different civilization. Venerable men, with fine, strong features and long beards make one think of the prophets of old. Middle aged and younger men go about bent on some definite business; they move more leisurely than the Westerner, wear different clothes, speak a different language, *salaam* more gracefully and have a different religion and philosophy of life. The boys returning from school with their books and writing tablets wrapped in a cloth look graver than school boys of America or Europe. The

Photograph by Dr. Lyons.

RAWALPINDI SIKH GIRLS RETURNING FROM SCHOOL

girls, charming and quiet, a little smile on their faces, make their way home in groups and convince the man in the street that a new era is dawning for the women of India. This is only a cursory glimpse of what meets the eye; some day we hope to go further and enter a few homes.

In this framework of a native city our hospital is set, the first and so far the only Catholic Mission station there. The building is simple but solid to weather the winds and the rains, which do not come often, but when they do, it is with mighty power. We want to adapt it to the needs of the women and children of the city to serve them to the best of our ability for the love of God.

A letter from Rawalpindi to Washington is just one month on the road. Our Missionaries have hardly had time yet to tell us much of the beginning of the work.

Dr. Lyons in a short note written on February 2nd, the day fixed for the starting of the admission of patients, mentions that the first patient, a confinement case, arrived at 5 a. m. So they had to be on the job early.

ABOUT TROPICAL SANITATION

(*Continued from page 6*)

Hospitals: During the year two more provincial hospitals were constructed under the provisions of Act 3114 as amended by Act 3168. There are now in actual operation six hospitals constructed under this act, having a total bed capacity of 181. Mission hospitals are continuing to do good work. There is no more laudable method by which those who contribute to Missions may have their money spent than through the construction and maintenance of hospitals in districts where the people are too poor to build and maintain their own. Especially needy in this regard is the great northeastern section of the Island of Luzon and the eastern coast of Samar.

A fine new 50-bed Mission Hospital was completed in Cagayan, Misamis, during the year. The total bed capacity of all hospitals in the Islands is now 5,616—3,726 of which are in hospitals located in or near Manila.

LEAGUE OF GRATITUDE

Affiliated With the Society of Catholic Medical Missionaries

The keynote of the League of Gratitude as its name implies is gratitude, a real and profound sense of gratitude for the gifts of Faith and Health with which God has blessed us and which prompts us to bring these gifts to the inhabitants of Mission Countries, who are the victims of disease and much suffering.

Members pledge themselves:

1. To offer thanks to God frequently for the gifts of Faith and Health, and ask His blessing on the Medical Mission Apostolate.

2. To contribute towards this Apostolate through one of the Branches listed below:

Eucharistic Branch: To which belong Bishops and Priests who promise one or more Masses annually for the Medical Missionaries and members of the League.

Our Lady's Branch: Including Religious Brothers and Sisters who offer prayers for the Medical Missionaries and the members of the League.

St. Joseph's Branch: Those who contribute $500.00 or more to the works of the Society.

St. Luke's Branch: Those who contribute $100.00 to the same object, either in one donation or covering a period of years.

St. Anthony's Branch: Those who contribute $50.00 in one donation or covering a period of years.

Little Flower Branch: Those who contribute annually $1.00 or more to the works of the Society.

Junior Branch: Those students who contribute 10 cents.

In addition to the Masses and Prayers of the Members of the *League*, Benefactors are remembered daily at Holy Communion and in all the prayers and works of the Medical Missionaries.

He who soweth in blessings shall also reap of blessings. Everyone as he has determined in his heart, not with sadness or of necessity, for God loveth a cheerful giver. (St. Paul, Lesson 2, Cor. 9 C.)

With Ecclesiastical Approbation.

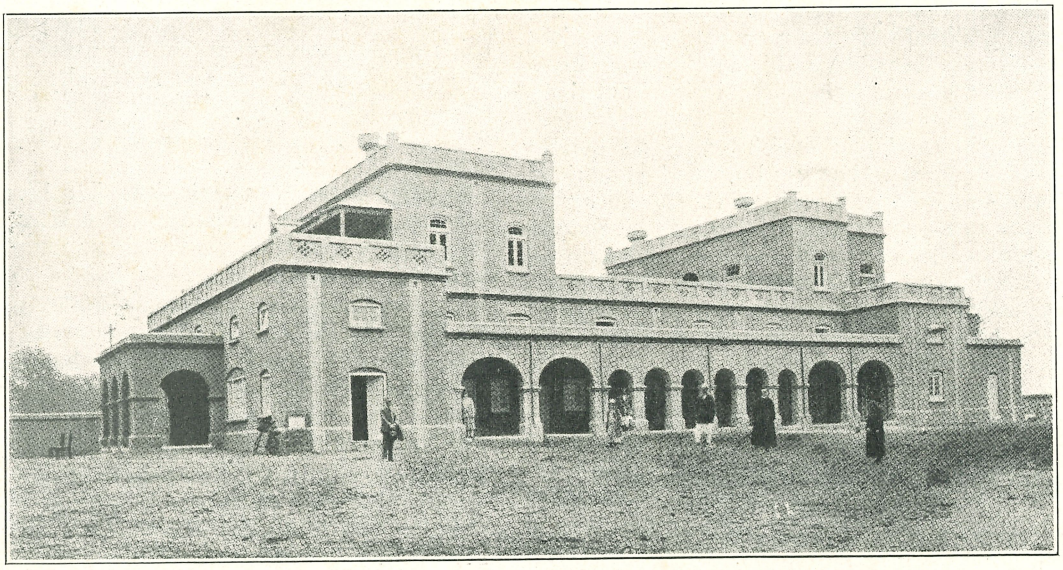
WEIGHTY WORDS

In a pastoral addressed to the clergy and the faithful of the Archdiocese of Madras, His Grace Archbishop Aelen says: . . . "The work of spreading the Faith requires many a sacrifice, and the duty to make these sacrifices rests on the whole Catholic Church in general and on every Catholic in particular.

"God wills that the human race should be saved by men. For that reason Christ Himself became Man, to lay the foundation for this salvation of mankind by His own divine work and self-sacrifice. But the continuation and completion of this world-wide salvation He made dependent on the cooperation of men; and in that sense we may say that the salvation of the world is in our own hands. All Catholics have to bear the burden of this responsibility and every Catholic has to bring his sacrifice for this great cause.

"But supposing that we have done all we have to do, by supporting the missions and helping by our material gifts the work of spreading the Faith, if we had done all that, the only important item would be missing still, namely, the Blessing of Almighty God. The Apostle St. Paul, the untiring worker for the conversion of the heathen, said of his own missionary work: 'Neither he that planteth is anything nor he that watereth, but God that giveth the increase.'

"The true faith is not the fruit of our incessant labors, it is a gift of the grace of God. We by our work can prepare the way for the Lord, we can open the heart of the heathen for the Light from on high, and raise in them a desire for the Catholic Faith. But that is all, our power does not go any further. Only one thing is left us and that is to raise our hands in prayer to Him who is the Giver of all good gifts. The work of the propagation of the Faith is more than any other work a work of grace and therefore a work of Prayer. Those who cannot do anything for the spreading of the Faith, let them pray, and they may rest assured that their work for the conversion of the heathen is not in any way less than that of those who help to propagate the Faith materially."



THE CARRYING ON OF THE HOLY FAMILY HOSPITAL FOR WOMEN AND CHILDREN IN RAWALPINDI, DEPENDS ON THE LEAGUE OF GRATITUDE. BENEFIT YOURSELF AND OTHERS BY BECOMING A MEMBER. MAKE IT AN EASTER GIFT. THE ALLELUIA WILL RING MORE JOYFULLY IN YOUR HEART, IF YOU MADE A LENTEN SACRIFICE FOR THOSE OF GOD'S CREATURES LESS FORTUNATE THAN YOURSELF